2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000066717

1. Entity Name
FROZEN DELIGHTS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 23 PM 3:24

Principal Place of Business	Mailing Address
8021 BLOUNTSTOWN HWY TALLAHASSEE, FL 32305	8021 BLOUNTSTOWN HWY TALLAHASSEE, FL 32305

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
718 Greenleaf dr Suite, Apt. #, etc.	P.O. Box 6175 Suite, Apt. #, etc.
City & State: Tallahassee Fla	City & State: Tallahassee Fla
Zip: 32305 Country: LEON	Zip: 32314 Country: LEON

4. FEI Number: 59-0003751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, JEFF 1000 SHARER CT #93 TALLAHASSEE, FL 32312	Name: Jeffrey S. Clark (President) Street Address (P.O. Box Number Is Not Acceptable) 718 Greenleaf drive City: Tallahassee Fla **FL** Zip Code: 32305

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeffrey S. Clark
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JEFFREY S 8021 BLOUNTSTOWN HWY TALLAHASSEE, FL 32305	☐ Delete	president Jeffrey S. Clark 718 Greenleaf drive Tallahassee Fla 32305	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, TONY 8021 BLOUNTSTOWN HWY TALLAHASSEE, FL 32305	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	04/23/03--01075--001 **~~150.00~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200016813762 04/23/03--01075--001 **87.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey S. Clark Jeffrey S. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #